

IN THE UNITED STATES BANKRUPTCY COURT
FOR THE WESTERN DISTRICT OF TEXAS
EL PASO DIVISION

In Re:

MARTHA GARCIA

Debtor

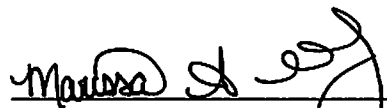
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BANKRUPTCY No. 12-31733

SUGGESTION OF DEATH OF MARTHA GARCIA

COMES NOW, the Debtor's attorneys to file a Suggestion of Death of Martha Garcia. She passed away on July 23, 2014. Any amendments or motion after the date of her death will simply reflect "deceased" on her signature line.

Respectfully Submitted,



Edgar J. Borrego, SBN 00787107

Miguel A. Flores, SBN 24036574

Marissa A. Martinez, SBN 24087985

Attorneys for Debtor

TANZY & BORREGO LAW OFFICES

2610 Montana Avenue

El Paso, TX 79903-3712

(915) 566-4300

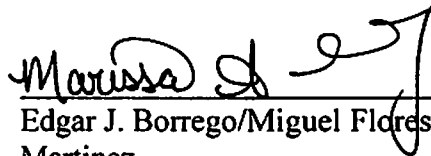
tanzy.borrego@566-live.com

CERTIFICATE OF SERVICE

I hereby certify that I have mailed/delivered a true and correct copy of the foregoing instrument via electronic means as listed on the court's ECF noticing system or by regular first class mail to all listed below on this the 18 day of August, 2014.

U.S. Trustee's Office
615 E. Houston, Suite 533
P.O. Box 1539
San Antonio, TX 78295-1539

Stuart C. Cox, Chapter 13 Trustee
1760 N. Lee Trevino
El Paso, TX 79936



Edgar J. Borrego/Miguel Flores/Marissa A.
Martinez

TB#30849
tb/rmr

CERTIFICATION OF VITAL RECORD

DEPARTMENT OF STATE HEALTH SERVICES VITAL STATISTICS UNIT

TEXAS DEPARTMENT OF STATE HEALTH SERVICES - VITAL STATISTICS				STATE FILE NUMBER 142-14-104607	
AUG 04 2014 STATE OF TEXAS				CERTIFICATE OF DEATH	
1. LEGAL NAME OF DECEASED (Include AKA's, if any) (Print Middle Last)		2. DATE OF DEATH (Actual or Presumed)		3. DATE OF DEATH (Actual or Presumed)	
MARTHA GARCIA		COOPER		JULY 23, 2014	
4. SEX	5. DATE OF BIRTH (mm-dd-yyyy)	6. AGE (Last birthday)	7. TIME OF DEATH	8. HOURS	9. MIN
FEMALE	JULY 30, 1927	88			
10. SOCIAL SECURITY NUMBER		11. MARITAL STATUS AT TIME OF DEATH		12. SURVIVING SPOUSE (If male, give name prior to first marriage)	
453-32-7257		<input checked="" type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown		EL PASO, TX	
13. RESIDENCE STREET ADDRESS				14. APT. NO.	15. CITY OR TOWN
2721 PERSHING DR					EL PASO
16. COUNTY		17. STATE	18. ZIP CODE	19. INSIDE CITY LIMITS?	
EL PASO		TEXAS	79903	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
20. FATHER'S NAME			21. MOTHER'S NAME PRIOR TO FIRST MARRIAGE		
GILBERT COOPER			ISABEL HOLMES		
22. PLACE OF DEATH (Check only one)					
<input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DCA <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input checked="" type="checkbox"/> Other (Specify)					
23. COUNTY OF DEATH		24. CITY/TOWN, ZIP (If outside city limits, give precinct no.)		25. FACILITY NAME (If not institution, give street address)	
EL PASO		EL PASO 79903		211 S. BALBOA	
26. INFORMANT'S NAME & RELATIONSHIP TO DECEASED			27. MAILING ADDRESS OF INFORMANT (Street and Number, City, State, Zip Code)		
JOHN EDWARD GARCIA - SON			1530 GEORGE DIETER #6C, EL PASO, TX 79936		
28. METHOD OF DISPOSITION		29. SIGNATURE AND LICENSE NUMBER OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH		30. DATE CERTIFIED (mm-dd-yyyy)	
<input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal from state <input type="checkbox"/> Other (Specify)		NATHANIEL CONTRERAS, BY ELECTRONIC SIGNATURE - 115750		JULY 28, 2014	
31. PLACE OF DISPOSITION (Name of cemetery, crematory, other place)		32. LOCATION (City, town, and state)		33. TIME OF DEATH (Actual or presumed)	
MEMORIAL PINES CREMATORY		SUNLAND PARK, NM		11:30 PM	
34. NAME OF FUNERAL FACILITY		35. COMPLETE ADDRESS OF FUNERAL FACILITY (Street and Number, City, State, Zip Code)			
SAN JOSE FUNERAL HOME-CENTRAL		601 S. VIRGINIA ST., EL PASO, TX 79901			
36. CERTIFIER (Check only one)					
<input checked="" type="checkbox"/> Certifying physician (To the best of my knowledge, death occurred due to the cause(s) and manner stated. <input type="checkbox"/> Medical Examiner/Agent of the Peace - On the basis of an examination, and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.					
37. SIGNATURE OF CERTIFIER		38. DATE CERTIFIED (mm-dd-yyyy)		39. LICENSE NUMBER	
JOSE LUIS PORRAS, BY ELECTRONIC SIGNATURE		JULY 28, 2014		H3143	
40. PRINTED NAME, ADDRESS OF CERTIFIER (Street and Number, City, State, Zip Code)			41. TITLE OF CERTIFIER		
JOSE LUIS PORRAS 1810 MURCHISON #3RD FLOOR, EL PASO, TX 79902			MD		
42. PART 1. ENTER THE CAUSE OF DEATH - DISEASES, INJURIES, OR COMPLICATIONS - THAT DIRECTLY CAUSED THE DEATH. DO NOT ENTER TERMINAL EVENTS SUCH AS CARDIAC ARREST, RESPIRATORY ARREST, OR VENTRICULAR FIBRILLATION WITHOUT SHOWING THE ETIOLOGY. DO NOT ABBREVIATE. ENTER ONLY ONE CAUSE ON EACH.					
IMMEDIATE CAUSE (If find disease or condition resulting in death) <div style="display: flex; justify-content: space-between;"> <div> a. END STAGE CARDIAC DISEASE Due to (or as a consequence of) </div> <div>UNKNOWN</div> </div>					
b. Due to (or as a consequence of)					
c. Due to (or as a consequence of)					
d. Due to (or as a consequence of)					
43. PART 2. ENTER OTHER CAUSE GIVEN IN PART 1.					
CORONARY ARTERY DISEASE, HYPERTENSION, DIABETES MELLITUS 2					
44. MANNER OF DEATH		45. DO TOXICOLOGICAL USE CONTRIBUTE TO DEATH?		46. IF FEMALE	
<input checked="" type="checkbox"/> Natural <input type="checkbox"/> Accidental <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Pending investigation <input type="checkbox"/> Could not be determined		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unknown		<input checked="" type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to one year before death <input type="checkbox"/> Unknown if pregnant within the past year	
47. DATE OF INJURY (mm-dd-yyyy)		48. TIME OF INJURY		49. PLACE OF INJURY (e.g. Decedent's home, construction site, restaurant, wooded area)	
50. LOCATION (Street and Number, City, State, Zip Code)		51. COUNTY OF INJURY			
52. DESCRIBE HOW INJURY OCCURRED					
53. REGISTRAR FILE NO.		54. DATE RECEIVED BY LOCAL REGISTRAR		55. REGISTRAR	
0103119		AUGUST 4, 2014		REGISTRAR - EL PASO COUNTY CLERK, ELECTRONICALLY FILED	
EDR NUMBER 000001548743					

TEXAS DEPARTMENT OF STATE HEALTH SERVICES - VITAL STATISTICS UNIT

WARNING: The penalty for knowingly making a false statement in this form can be 2-10 years in prison and a fine up to \$10,000. (Health and Safety Code, Sec. 195.158)

VS-112 REV 1/2003

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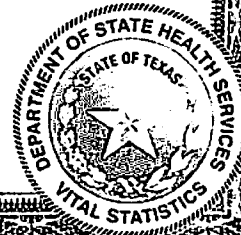
LHA

This is a true and correct reproduction of the original record as recorded in this office. Issued under authority of Section 191.051, Health and Safety Code.

ISSUED
AUG 04 2014

WARNING: THIS DOCUMENT HAS A DARK BLUE BORDER AND A COLORED BACKGROUND

GERALDINE R. HARRIS
STATE REGISTRAR



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE